

APPEALS REQUEST

THIS REQUEST MUST BE RECEIVED DURING THE TIME PERIOD NOTED IN THE DISQUALIFICATION/SANCTION LETTER WHICH SPECIFIES THE PROPOSED ACTION BEING TAKEN BY THE WV WIC PROGRAM. ANY PREVIOUSLY ASSESSED SANCTIONS WHICH THE VENDOR ELECTED NOT TO CHALLENGE OR CHALLENGED BUT THEN ABANDONED OR THE AGENCY ACTION WAS UPHELD VIA THE APPEALS PROCESS WILL NOT BE CONSIDERED AT THIS OR ANY FURTHER ADMINISTRATIVE APPEALS PROCEDURE. DISQUALIFICATION FROM THE WV WIC PROGRAM WHICH IS A RESULT OF DISQUALIFICATION FROM THE FOOD STAMP PROGRAM IS NOT SUBJECT TO ADMINISTRATIVE OR JUDICIAL APPEAL UNDER THE WIC PROGRAM. STATE AGENCY DETERMINATION AS TO WHAT CONSTITUTES INADEQUATE PARTICIPANT ACCESS IS NOT SUBJECT TO ADMINISTRATIVE APPEAL.

On behalf of

(Store Name)

I wish to appeal the action outlined in the letter dated _____

(Date of Letter)

(Signature of Vendor or Representative)

(Date)

Please check one:

I request a pre-hearing conference to discuss this issue.

I do not request a pre-hearing conference.

Please check one:

I wish to continue to redeem WIC benefits during the hearing process. I understand that should the sanction proposed by the WV WIC Program be upheld that my disqualification/sanction period will be imposed, in full, at the end of the appeal. I also understand that I will be liable for all over charges and erroneous payments incurred both before and after the fifteen (15) days following the receipt of the notification of the adverse action if the hearing decision is upheld.

I do not wish to continue to redeem WIC benefits during the hearing process. I understand that should the sanction proposed by the WV WIC Program be upheld, that my disqualification/sanction period will be considered to have begun on the date outlined in my notification letter.

Mail all appeal requests to:

WV WIC Program, Attention: Vendor Unit
350 Capitol Street, Room 519
Charleston, WV 25301-3717